

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/700057

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		31				
5		13				
6		④1				
7		10				
8		④1				
9		10				
10		④1				
11		④1				
12		④1				
13		10				
14		④1				
15		10				
16		④1				
17		10				
18		④1				
19		10				
20		④1				
21		10				
22		④1				
23	1					
24	1					
25	1					
26	31					
27	10					
28	④1					
29	10					
30	④1					
31	10					
32	④1					
33	10					
34	④1					
35	10					
36	1					
37	1					
38	10					
39	④1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	36	↓	↓	↓	↓	↓
TOTAL CLAIMS	39					

	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
54				
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94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				